



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Vaccinating Migrant/Migratory and Seasonal Food and Agriculture Workers

Migrant/migratory and seasonal food and agriculture workers are an essential part of the United States food system. A high percentage of these workers were born outside the United States and have limited English proficiency. Many of the jobs they perform are temporary, and some workers may arrive from other countries as a part of programs such as the [H2-A Temporary Agricultural Program](#) [↗](#). These workers can be found primarily in crop and livestock production agriculture; meat, poultry, and seafood processing; and food processing, packing, and distribution. These workers may also move across regions as food production efforts change with the season, and an influx of workers during seasonal peaks may sizably impact the population of a state or county.

Protecting these essential workers is important to [promoting health equity](#) and avoiding a disruption in our food system. Sustained close contact among workers, multi-generational and [congregate housing](#), shared transportation, and existing [health disparities](#) place these workers at higher risk of being exposed to COVID-19, as well as disproportionate illness and mortality.

Known risk factors for COVID-19 and findings from previous outbreak investigations in other congregate housing and workplace settings show **food and agriculture workers may be at higher risk of being exposed to COVID-19**. View the [MMWR](#), [Health Equity Considerations](#), or [CDC's Agriculture Workers and Employers page](#) for more information.

For basic information about how to identify and reach workers, CDC has created the [Guide to Vaccinating Workers](#) to help jurisdictions identify and quantify sub-populations of workers and then create a specific vaccination plan. The guidance provided below addresses the unique challenges in and best practices for providing vaccines to migrant/migratory and seasonal food and agriculture workers.

Jurisdictions can use the recommended actions below to help ensure that migrant/migratory and seasonal food and agriculture workers get vaccinated.

Estimate how many essential migrant/migratory and seasonal food and agriculture workers are in your jurisdiction for outreach and vaccination

Information about food and agriculture worker numbers and locations may come from sources at the local, state, and federal levels, as well as groups familiar with local agriculture (e.g., chambers of commerce, Farm Bureau offices, and

No one should be denied a vaccine based on their ability to pay, insurance status, lack of identification (for example driver's license), or immigration status. Emphasize that migrant/migratory and seasonal workers do not need to have a driver's license or other identification to be vaccinated. The federal government is providing the vaccine free of charge to all people living and working in the United States.

county extension service agents). The U.S. Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA) worked with the U.S. Department of Health and Human Services (HHS) to provide food and agriculture data in the Tiberius platform, an HHS-sponsored software system featuring COVID-19 vaccine allocation, distribution, and administration information for each jurisdiction. FDA provided Tiberius with estimates of the number and geographic distribution of workers at FDA-regulated food facilities. USDA contributed information about facilities regulated by the USDA's Food Safety and Inspection Service (FSIS), as well as aggregate summary data for the number of farms in a county. FSIS data also include the location of meat, poultry, and egg processing establishments. These data in Tiberius can supplement food and agriculture employment data that jurisdictions may have for food production, processing, or retail sales operations that may fall under their regulatory authority, such as restaurants and some produce farming operations.

Connecting directly with employers of migrant/migratory and seasonal food and agriculture workers is critical, especially small employers. Health officials are usually aware of large facilities (for example large farms, major meatpacking plants), which typically have an individual or team responsible for worker health and safety. However, small employers may not be well known and may require additional effort to locate.

In addition to connecting to employers, jurisdictions should engage with local organizations that serve migrant/migratory and seasonal worker communities, such as clinics, health centers, legal aid, Migrant Education, Migrant and Seasonal Head Start, consulate offices, and other community-based organizations. These groups often have a strong connection and trust with this worker population.

Due to the special circumstances of migrant/migratory and seasonal workers, employers often provide transportation, housing, and health information. Likewise, employers may be willing to secure a vaccination provider at the work site or provide employee transportation for offsite clinics.

Promote vaccine confidence among employers and workers

Barriers to Vaccination: Migrant/migratory and seasonal food and agriculture workers can face increased obstacles to getting vaccinated. These include uncertainty around eligibility and cost; fear of side effects; lost income or preferred shifts from missing work; and fear of sharing personal data that could be used for tracking, immigration enforcement, or future immigration decisions. Trusted messengers should be used whenever possible to reassure and educate workers. CDC provides several resources for [Building Confidence in COVID-19 Vaccines](#).

Trusted Messengers: Engage trusted sources of information such as community leaders, peer influencers, community health workers/[promotores](#), faith-based organizations, trade and labor organizations, farm bureaus, community groups, co-workers, other family members, and employers (when relevant). These messengers can help ensure workers understand that the vaccine is available regardless of their immigration or insurance status and at no cost, increase [vaccine confidence](#), and support access to vaccination clinics. Consider establishing partnerships with trusted sources to provide support to workers for scheduling vaccine appointments and understanding forms and educational materials.

These groups can also be important for language interpretation and translation. Local farms and Latino radio stations may be key partners to disseminate vaccine and vaccination clinic information. Employers can also use the [Workers COVID-19 Vaccination Toolkit](#) (available in English and Spanish) to communicate with workers.

Accessibility: Workers may be uncomfortable with or unable to navigate online vaccination appointment systems, and some may not have access to internet. If vaccination clinics are not available at the worksite, jurisdictions should encourage employers to assist their employees with making vaccination appointments or work with other community organizations who serve migrant/migratory and seasonal workers. Jurisdictions should ensure communication messages and materials are available in English and languages that are most prevalent in the local migrant/migratory and seasonal worker population, for example Spanish, as well as indigenous languages from Mexico and Central America. Jurisdictions should also encourage employers to provide [educational materials](#) about vaccination in a timely manner across multiple accessible communication channels. Printed materials should be provided in communities where access to internet, smartphones, and computers may be limited. These materials should include information that is tailored to different literacy levels about the benefits of vaccination, eligibility, safety of vaccinations, and scheduling. Furthermore, it is necessary to provide on-site interpretation at vaccination clinics for non-English languages.

Eligibility: Emphasize that the COVID-19 vaccine is free to all workers. Inform workers that race, ethnicity, or other information being collected is only being used to ensure fair and equitable vaccine distribution. Emphasize in messaging that migrant/migratory and seasonal workers are part of the community and essential workers. Be clear that collected information will not be shared with immigration enforcement agencies and receiving the vaccine cannot affect their immigration status or that of their family members.

Identify appropriate vaccination locations and providers

Conduct vaccination clinics close to where farmworkers work, live, or congregate, and in locations that workers trust and can easily access. This may include farms/worksites, shared transportation staging areas, places of worship, schools, community centers, and Federally Qualified Health Centers.

Vaccination providers can be reimbursed for vaccine administration fees by the patient's public or private insurance company or, for uninsured patients, by the [Health Resources and Services Administration's Provider Relief Fund](#) [↗](#).

Mobile clinics employ a team of healthcare specialists and community health workers/[promotores](#) proficient in the languages spoken by workers. The goal of mobile clinics is to provide vaccination to migrant/migratory and seasonal worker populations at their place of employment, residence, or other trusted and accessible locations. See the CDC [Mobile Vaccination Resources](#) page for additional information and considerations.

Federal Qualified Health Centers (FQHCs) may provide health care to this worker population and their families. Through the [Health Center COVID-19 Vaccination Program](#) [↗](#), FQHCs are designing vaccination plans to reach out to migrant/migratory workers. FQHCs across the United States provide critical outreach and COVID-19 vaccine for this working population. The nearest FQHC to the jurisdiction can be found using the [Find a Health Center tool](#) [↗](#).

Worksite clinics offer vaccination in the workplace during work hours. See the CDC [Workplace Vaccination Program](#) page and National Institute of Health's [Key Elements of a Model Workplace Safety and Health COVID-19 Vaccination Program](#) [↗](#).

Offsite locations, such as a retail pharmacy, can be another option. Consider asking employers to assist workers in scheduling appointments and provide transportation to receive vaccination. Likewise, work with the provider to remove the need for appointments if a sizeable group is arriving at the same time. Some jurisdictions have also established walk-in clinics to improve availability and flexibility in getting vaccinated.

Factors for successful vaccination clinic implementation and operation

Consider scheduling vaccination at times convenient for workers, such as toward the end of the workday, immediately following work hours,

Consider vaccinating workers:

- As soon as possible
- With support from employers and interpreters
- At trusted sites (worksites, schools, places of worship, transportation staging areas)
- Late in the workday or before days off
- In groups (department, shift, etc.) instead of by appointment time
- By offering multiple opportunities to get vaccinated as vaccine confidence grows in the workforce

or on days off. Provide vaccination clinics at times/locations when large numbers of workers may gather, such as transportation areas at the end of the workday. It may be helpful to coordinate with employers to offer vaccinations on several days to allow for continuation of work should workers experience side effects and need to take time off to recover. Additionally, offering vaccination opportunities for several days can increase vaccine confidence as workers see their coworkers getting vaccinated.

Vaccinate migrant/migratory and seasonal workers as soon as possible when they arrive for the season. When providing a two-dose vaccine, consider where the worker will be when it is time for the second dose. Consider partnering with states for scheduling (or offering) of second dose or offering one dose vaccine. Jurisdictions can also work with employers and migrant health groups to ensure the second dose is scheduled in the new area. Also, consider providing information to workers with a range of options for obtaining their second dose.

Plan for potential side effects

Migrant/migratory and seasonal workers often work all day outdoors and in hot environments, putting them at risk for [heat stress](#). Employers and employees should be educated regarding heat stress symptoms such as fever, headache, and nausea, because these are common symptoms of [heat-related illness](#) and may also be experienced [after COVID-19 vaccination](#). This may result in delays in seeking treatment for heat-related illness.

Jurisdictions should also encourage employers to provide workers time off for vaccination and create flexible paid sick leave policies for workers who may have post-vaccination symptoms. It is also important to arrange for and make known to workers that any necessary follow-up of vaccine side effects will be addressed through easy, no-cost access to a medical professional.

Provide a supportive environment

Include organizations that serve migrant/migratory workers and other trusted organizations in vaccination planning and events. Engage community health workers/[promotores](#) at the vaccination clinic to build trust and facilitate culturally appropriate [communication and education](#). Vaccination clinics can also be used to provide additional resources (for example masks, hand sanitizer) or provide additional support related to basic needs or workplace rights.

Workers need opportunities to have their questions about vaccination answered ahead of time. Face-to-face dialogue in a worker's preferred language has proven to be a critical component of prior successful vaccination efforts and has been used successfully by other public health programs in many of these workers' countries of origin. Trusted community health workers and organizations serving these worker populations can provide these opportunities for dialogue.

Allow time for vaccine confidence to grow. Encourage employers and supervisors to share their vaccination stories. Workers may become more confident after seeing coworkers/supervisors get vaccinated and if employers are provided materials for educating workers on [what to expect during and after their vaccination appointment \(also in Spanish\)](#). When possible, on-site clinics and mobile clinics should offer multiple opportunities for vaccination as worker confidence grows. If not possible, employers should assist workers in scheduling and receiving offsite vaccinations as appropriate.

Monitor vaccine uptake and documentation

Because migrant/migratory and seasonal food and agriculture workers are a difficult group to access, it is especially important to document vaccination rates among these workers. Jurisdictions can collect information on occupation in immunization registries, document and report vaccinations provided to migrant/migratory and seasonal workers in community health centers and vaccination clinics, as well as encourage employers to document vaccination on a voluntary basis. FQHCs and other vaccination providers can also document the number of migrant/migratory and seasonal food and agriculture workers vaccinated at clinics, work sites, mobile clinics, or other locations and provide that information to jurisdictions.

It is also important that migrant/migratory and seasonal food and agriculture workers keep documentation of their own vaccination status (CDC vaccination card with vaccine manufacturer, date of administration, and lot number) to facilitate booster shots that may need administered in another jurisdiction.

Evaluate and revise as needed to maximize vaccination uptake

It is important to engage in an ongoing evaluation of any vaccination program among migrant/migratory and seasonal food and agriculture workers. Low acceptance rates may require additional examination of barriers to vaccination among workers to improve opportunities for vaccination and tailor vaccine messaging. For the latest best practices and evidence for understanding and addressing vaccination demand, see CDC's [COVID-19 Vaccine Confidence Rapid Community Assessment Guide](#).

Additional Resources

[Quick Start Guide to Vaccinating Essential Workers](#)

[Vaccinating Essential Temporary Workers](#)

[Reaching Rural and Remote Essential Workers with COVID-19 Vaccinations](#)

[Workplace Vaccination Program](#)

[Essential Workers COVID-19 Vaccine Toolkit](#)

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